

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10597304

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
15						
16						
17						
18						
19						
20						
21		8				
22						
23						
24						
25		2				
26						
27						
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29						
30						
31						
32						
33						
34						
35	1		1			
36						
37						
38						
39						
40						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54	1		1			
55						
56						
57						
58						
59	1		1			
60						
61	1		1			
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72	1		1			
73						
74						
75						
76						
77						
78						
79	1		1			
80						
81						
82						
83						
84						
85	1		1			
86						
87						
88						
89						
90						
91	1		1			
92						
93	1		1			
94						
95	1		1			
96						
97						
98	1		1			
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1		1			
2		1		1		
3						
4	1		1			
5		1	1			
6		1		1		
7						
8		1		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
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49						
50						
TOTAL IND.		↓	23	↓		↓
TOTAL DEP.		←	100	←		←
TOTAL CLAIMS			123			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						